

OFFICE OF THE GOVERNOR



DIVISION OF ADMINISTRATION  
OFFICE OF RISK MANAGEMENT

EXPOSURE REPORTING MANUAL

Effective March 24, 2016

## **TABLE OF CONTENTS**

Overview .....	5
General Exposures .....	6
Overview .....	6
Instructions .....	6
Applicable To All Locations .....	7
Gross Payroll .....	7
Maritime .....	7
# of Full-time Employees .....	7
# of Part-time Employees .....	7
Board/Commission Members .....	7
Peak Exposure Crime.....	7
Fleet Exposures.....	8
Emergency Room Visits .....	8
Hospital Patient Days .....	8
Hospital Clinic Visits .....	8
Patient Days .....	8
Clinic Visits .....	9
Medical Malpractice Staff .....	9
Residents/Interns .....	9
Employee Physicians.....	9
Contract Physicians .....	9
Fellows .....	9
Babies Birthed .....	9
Outpatient Surgeries.....	9
Other Medical Malpractice Exposures.....	9
Sample Report .....	10
Property Exposures .....	11
Overview .....	11
Schedule Of Property Values Update Instructions .....	11
Verification of Report Information .....	11
Buildings.....	11
Buildings Your Agency Is Responsible for Insuring .....	11
Buildings Your Agency Is Occupying/Leasing.....	11
Building Definitions .....	12
Building Code.....	12
State Owned .....	12
Legacy Building ID .....	12
Replacement Cost.....	12
Object.....	12
Contents .....	13
Square Feet.....	13
General Contents .....	13
Other Contents .....	13
Computer Equipment .....	13
Fine Arts.....	13
Medical Equipment.....	13
Livestock .....	13
Mobile Structures .....	14
Boats .....	14
Mobile Equipment .....	14
Fences .....	14
Signs .....	14
Other Outdoor Property .....	14

Business Income.....	14
LPFA/3rd Party Financing.....	14
Completion of Cover Letter.....	15
Where to Send Updated Report.....	15
Sample Property Exposure Report.....	16
UND-1 – State Owned Contents Reporting Form.....	17
UND-4.1 – New Building Form.....	18
UND-4.2 – Building Deletion Form.....	19
UND-4.3 – Building Modification Form.....	20
Wet Marine Exposures.....	21
Aviation Exposures.....	21
Exposure Contacts.....	23

## **INTRODUCTION**

Exposure/Risk identification is the first and most important step in the risk management process. Without a thorough identification of an organization's risks of loss, it is virtually impossible to implement an effective risk management program.

State directors, managers, and supervisory personnel must look at their exposure to losses and report such exposures to the Office of Risk Management. No two agencies face the same risks, and exposure to risk will change over time. Therefore, risk identification is a continuous process and requires a substantial investment of time and effort in order to realize dividends in the form of reduced premiums.

Identifying and controlling exposures helps each agency better manage its losses. Losses, in turn, directly affect premiums charged.

Exposures also form a secondary allocation basis in the experience rating system utilized by ORM for all self-insured coverage. Unless reported in a timely manner, exposures will be estimated prior to production of insurance premium budgets. Premiums charged on estimated exposures will not be adjusted.

For commercial coverage and also excess coverage for self-insured lines, exposures are required by commercial bidders. Accurate, detailed exposures can result in significant savings on commercial policies which are, in turn, passed on to all agencies.

The following list provides each detail exposure and the coverage to which it relates. Other exposure information may also be requested for selected lines as necessary.

Aircraft Values	Aviation (only as scheduled)
Gross Payroll	Workers Compensation
Maritime Payroll	Maritime Workers Compensation
Gross Payroll	General Liability
Number of Board & Commission Members	General Liability
Private Mileage	Auto Liability
Public Mileage	Auto Liability
Number of Vehicles	Auto Physical Damage
Property Values	Property (only as scheduled)
Boiler & Machinery Values	Boiler & Machinery
# of Full Time Employees/Board Members	Bonds
# of Part-Time Employees/Board Members	Bonds
Peak Exposure	Crime
Emergency Room Visits	Medical Malpractice
Hospital Patient Days	Medical Malpractice
Hospital Clinic Visits	Medical Malpractice
Patient Days	Medical Malpractice
Clinic Visits	Medical Malpractice
# Residents/Interns	Medical Malpractice
# Employee Physicians	Medical Malpractice
# Contract Physicians	Medical Malpractice
Other Medical Malpractice	Medical Malpractice
# Babies Birthed	Medical Malpractice
# Outpatient Surgeries	Medical Malpractice
Marine Vessel Values	Wet Marine (only as scheduled)

Formal rules and regulations governing exposure reporting may be found in the Louisiana Administrative Code, Title 37, Part I, Subpart 1, Chapter 3. This reference manual has been prepared by the Office of Risk Management to assist you in accurately reporting exposure information to this office. While we have attempted to make this manual as comprehensive as possible, it is impossible to anticipate every potential question which may arise.

Further questions regarding the exposure reporting procedures outlined in this manual should be directed to the appropriate person for commercial or self-insured coverage in either the Underwriting Unit or the Auditing and Statistical Unit, respectively.

## **OVERVIEW**

The general format of this brochure is to present each exposure reporting form in a separate section. Each section consists of a set of instructions followed by the corresponding exposure report.

### ***General Exposure Report***

All locations which are exposure reporting locations will receive this request form quarterly. This report is the *General Exposure Report Form* for all exposures other than those requested in specialized reports indicated below.

### ***Property Exposure Report***

These reports reflect data currently on file with ORM. They are mailed (semi-annually) to all agencies with Property exposures for review and update of exposure values.

### ***Aviation Report and Wet Marine Report***

These reports reflect data currently on file with ORM. They are mailed (quarterly) to all agencies with Aviation and/or Marine exposures for review and update of exposure information. However, all additions, deletions or changes during the year should be reported to ORM immediately. The reports contained herein are used only to verify that ORM has a complete record of all changes made during the year.

## **GENERAL EXPOSURES**

### **OVERVIEW**

Section I consists of the General Exposure Report form. All locations which are exposure reporting locations will either report these exposures online each quarter, or will receive the manual risk exposure form quarterly. This report is the general exposure report form for all exposures other than those requested in specialized reports reflected in other sections of this manual.

#### **I. Instructions**

As required by Louisiana Administrative Code, Title 37, Part I, Subpart 1, Chapter 3 ORM collects risk exposures quarterly from all state agencies. The general risk exposure reporting form is located on our website. The following exposures should be reported via this form: regular payroll, maritime payroll, number of outside boards & commission members, vehicle mileage, number of vehicles, # of full-time employees, # of part-time employees, peak \$ exposure-crime, and medical malpractice exposures as appropriate for your location. Other exposures such as property values are not included; they will be requested separately as necessary.

Locations which have exposure in any of the above requested categories, which is not requested on the exposure reporting form, should contact ORM personnel to have the exposure field added

In some rare instances, agencies may need to submit a manual exposure report. The manual quarterly risk exposure reporting form is identical to the online quarterly risk exposure form on page 10, with the exception of the "Update Risk Exposure Data" button at the bottom right of the online reporting form which is absent on the paper report. The quarter being requested for this report is shown in the upper left hand corner. The FY represents fiscal year which starts July 1, and ends June 30. Therefore the first quarter would be July, August and September, and similarly for each other quarter. The figure for each requested exposure should be placed in the column titled "This Report". Shown under the "Last Reported" title are the exposures which you reported the previous quarter. Those figures may be compared to the current "This Report" figures for large changes, and this also serves as a validation of the prior reported figure. If a figure is incorrect, please contact ORM personnel.

All exposure reports are due by the date indicated in the risk exposure cover letter. The preparer must complete the "Prepared By" field. They should also include any necessary comments to explain or supplement the report in the comment section. ORM recommends that agencies include comments for changes of 25% or more in any individual exposure.

**It is important to provide accurate information by the date requested, or future premium increases may result.**

The following definitions should be used in the compilation of the requested exposure information. Supply only those exposures requested on the form, not all those defined on the succeeding pages.

**A. Applicable To All Locations**

**1. Gross Payroll**

Payroll is total payroll for the quarter specified only. **DO NOT** give year to date totals. Do not include benefits, such as employer portion of health insurance premiums. Only agencies that are not on the ISIS Payroll System should have the Gross Payroll field on the report. ISIS Payroll is reported directly to ORM. If you have the Gross Payroll field and your payroll is issued by ISIS, please contact ORM immediately.

**2. Maritime Payroll**

Maritime Payroll includes the total payroll of state employees who may be subject to either the Jones Act or the US Longshoremen & Harbor Workers Compensation Act. The following describes the duties of employees that are covered under each Act. Note that payroll in this category should be reported under Gross Payroll **and** Maritime Payroll.

*Jones Act*

Includes any employee who performs a majority of their job duties aboard a water vessel that operates on navigable bodies of water, where that employee contributes to the function of the vessel or to the accomplishment of the vessel's mission.

*US Longshoremen & Harbor Workers Compensation Act (USL&H)*

Includes any employee who performs a majority of their job duties as a maritime employee on land. The employee may work on a dock, wharf, pier, terminal, building way, or other adjoining area to a navigable body of water for the purpose of loading, unloading, repairing, dismantling, or building a vessel.

**3. # of Full-time Employees**

Please provide the number of persons employed to work full-time for the agency **for any length of time** during the quarter. Number of full-time employees includes all those employees classified as full time employees, including seasonal and temporary employees. A list of employees is not required, provide a total only.

**4. # of Part-time Employees**

Please provide the number of persons employed to work part-time for the agency **for any length of time** during the quarter. Number of part-time employees includes all those employees of the agency who are classified as part-time employees, including seasonal and temporary employees, as well as student workers. Colleges and universities should include part-time professors, graduate assistants, and student workers who are also enrolled there. A list of employees is not required; provide only the total.

**5. # of Outside Board Members**

Number of board members includes all outside commissioners and board members that are not already employed with any state agency.

**6. Peak Exposure Crime**

The maximum amount of cash on hand that, if stolen cannot be replaced, for the reporting agency for that quarter. For agencies with multiple money and securities exposure locations, report the location with the highest peak exposure.

Do not include any sums which are held in a bank account, and do not include payroll check values.

## 7. **State Vehicles, Leased Vehicles, and Vehicle Mileage:**

### a) *Public Vehicle Mileage*

Public vehicle mileage is total mileage for licensed state-owned and leased vehicles only. Please provide this for the requested quarter only. **DO NOT** give year to date totals; Do not submit a per-vehicle breakdown.

### b) *Private Vehicle Mileage*

Private vehicle mileage is total mileage for reimbursed mileage on private vehicles used for state business for the requested quarter only. **DO NOT** give year to date totals. Do not submit a per vehicle breakdown.

### c) *Rental Vehicle Mileage*

Public vehicle mileage should be reported for miles driven during the requested quarter in vehicles rented outside of Louisiana or which have been rented via a source **OTHER** than the State Motor Pool. Mileage in vehicles rented outside of the State of Louisiana (even if they are reserved in advance) should be reported as though it is Public Vehicle Mileage, as should mileage in vehicles rented through any vendor other than the motor pool contract holder (Enterprise).

ORM will collect any mileage in vehicles rented in the State of Louisiana, through the State Motor Pool directly from the motor pool contract holder. It should not be included in this report.

### d) *Licensed State Vehicles*

Number of vehicles is the number of licensed state-owned and leased vehicles which were in the possession of the agency **for any length of time** during the quarter. Include any vehicle which is required to be licensed for public road use under the motor vehicle law of Louisiana (whether or not licensed), but do not include mobile equipment. Do not submit an inventory of vehicles. Do not include any vehicles which were obtained via the State Motor Pool. Note that for the purpose of this report, a state vehicle remains "in the agency's possession" for as long as the title is in the agency's name.

## **Locations providing medical services will have one or more of the following exposures:**

### 1. ***Emergency Room Visits***

Provide the number of patient visits to a hospital emergency room. A patient that does not receive medical care should also be included in the count.

### 2. ***Hospital Patient Days***

The number of patient days submitted should be the sum of the total number of days each patient stays overnight in the hospital during the quarter (including the day of admission, but not the day of departure) for all hospital patients whose care requires at least an overnight stay. For example, during a quarter, one patient stays 4 days, another stays 20 days, and another stays 40 days. The total hospital patient days that should be reported for the quarter is 64.

### 3. ***Hospital Clinic Visits***

Provide the number of patient visits to hospital clinics (i.e. Well baby, Ambulatory, OB-GYN, etc.). Do not include outpatient surgeries here, since they are reported separately. A patient that does not receive medical care should also be included in the count.

### 4. ***Patient Days***

The number of patient days submitted should be equal to the sum of the total number of days each patient stays overnight during the quarter (including the day of admission, but not the day of departure) for all patients whose care requires at least an overnight stay. (See example under Hospital Patient Days above.)

## 5. **Clinic Visits**

The Number of patient visits to facilities providing outpatient health care services; such as, community mental health centers and drug abuse clinics.

- a. The number of outpatient visits to medical clinics, infirmaries, first aid stations, etc.; including locations that are not primarily acute care providers. This includes mental health, mental retardation, vocational rehabilitation and correctional facilities, and universities. It is not necessary for the patient to be seen by a doctor for a visit to be included in the count. Other medical staff can incur medical malpractice claims. Visits to the clinic should be counted if the visitor is seen by any licensed medical or mental health professional.

## 6. **Medical Malpractice Staff:**

### a. # **Residents/Interns**

Provide the number of residents/interns providing medical services to private institutions or agencies for which the State assumes medical malpractice liability. Include the number of residents/interns who worked for your agency **for any length of time** during the requested quarter.

### b. # **Employee Physicians**

The number of Employee Physicians is an exposure required of all agencies that employ doctors through state payroll on their staff for which the State assumes medical practice liability. Include the number of employee physicians employed by your agency **for any length of time** during the requested quarter.

### c. # **Contract Physicians**

The number of Contract Physicians is an exposure required of agencies that have contract doctors working on their staff for which the State assumes medical practice liability. Include the number of physicians contracted with your agency **for any length of time** during the requested quarter.

### d. # **Fellows and Fellow Physicians**

Fellows fall into one of two categories. They are either Fellowship students, or they are Fellow Physicians, who have completed their fellowship. Fellowship students should be counted as Residents. Fellows who have completed their fellowships and are Fellow Physicians, should either be counted as Employee Physicians or Contract Physicians, as appropriate.

## 7. # of **Babies Birthed**

Provide the number of babies born in the facility during the active reporting quarter. Include only births occurring in current reporting quarter.

## 8. # of **Outpatient Surgeries**

Provide the number of outpatient surgeries occurring in the current reporting quarter; these procedures should not be included in #3 above, Hospital Clinic Visits.

## 9. **Other Medical Malpractice Exposures**

The number of students in health care curricula (i.e. RN, LPN, Paramedical) that are providing medical services, as part of certification requirements, to private institutions or agencies. This includes all such students who provided medical services **for any length of time** during the requested quarter. Do not include the number of students who are receiving classroom instruction only.

## Sample Report

ORM Risk Exposure Reporting Form - Windows Internet Explorer
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https://wwwprd.doa.l... Bing

File Edit View Favorites Tools Help

★ Favorites
ORM Risk Exposure Reporting Form

Page ▾ Safety ▾ Tools ▾ ? ▾ >>

Fiscal Year **2012**      **OFFICE OF RISK MANAGEMENT**  
 Quarter **4**              **RISK EXPOSURE REPORTING FORM**

**9111 SAMPLE AGENCY**

- - - - -LAST REPORTED- - - - -

EXPOSURE	AMOUNT	A	FY	QTR	001	THIS REPORT
GROSS PAYROLL	314,159	A	2012	3	001	0
#- OUTSIDE BOARD MEMBERS	2	A	2012	3	003	0
PUBLIC VEHICLE MILEAGE	0	N	2012	3	004	0
PRIVATE VEHICLE MILEAGE	0	N	2012	3	005	0
# LICENSED STATE VEHICLES	0	N	2012	3	006	0
# OF FULL TIME EMPLOYEES	0	N	2012	3	013	0

Comments

Prepared By

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## **PROPERTY EXPOSURES**

### **OVERVIEW**

Semi-annually, a report reflecting current property values on file with the Office of Risk Management will be forwarded to the various State Departments, Agencies, Boards, and Commissions for review and update.

Instructions for verification and update of the report as well as a sample report can be found on the following pages.

### **SCHEDULE OF PROPERTY VALUES UPDATE INSTRUCTIONS**

#### **I. Verification of Report Information**

The Property Exposure Report should list all buildings your agency owns or occupies and the value of any contents located in each building. The purpose of the report is for agencies to verify that ORM's records are correct. Use a red pen to make necessary changes. Because ORM has a scheduled property policy, if buildings and contents are not reported, claims may be denied. The values reflected on your report are limits of insurance. Remember all values on the report are whole numbers.

##### **A. Buildings**

Verify all buildings owned or occupied by your agency are listed on the report and the building data is correct.

#### **1. Adding/Deleting/Modifying buildings your agency is responsible for insuring**

##### **a. Adding an insured building or an object**

Complete a UND-4.1 New Building Form and forward to ORM along with a copy of all pertinent documentation. If you are adding an object, please include the value of the object. If your agency is an active user in the LAGov ERP System, please include the LAGov Fund, Fund Center, and LAGov Business Area. If you are not, please leave blank. If the construction of the building was financed by Revenue Bonds and/or a part of a Cooperative Endeavor Agreement please mark the appropriate box on the UND-4.1 form.

##### **b. Deleting an insured building (Replacement Cost is greater than zero)**

Complete a UND-4.2 Building Deletion Form and forward to ORM along with a copy of all pertinent documentation. An insured building can only be deleted if it is completely demolished or sold.

##### **c. Modifying an existing insured building**

Complete a UND-4.3 Building Modification Form and forward to ORM along with a copy of all pertinent documentation. Modifying a building includes building name or address change, ORM Location Code change, building renovation or addition, building use change, or vacancy.

#### **2. Adding/Deleting buildings your agency is occupying/leasing**

##### **a. Adding a building your agency is occupying/leasing**

Complete a UND-1 Contents Reporting Form and forward to ORM. Be sure to include a complete building address, the amount of square feet your agency occupies if employees are located in the building, and the relevant contents values. If you have a lease through Facility Planning and Control (FPC), the space will display on your report as long as the lease is active. If the Lease is through FPC, please check the box as "yes".

**b. Deleting a building your agency is no longer occupying/leasing (Replacement Cost equals zero)**

Draw a red line through the building to be deleted and indicate why it is to be deleted, i.e. no longer leasing, moved, etc. If there is a lease through Facility Planning and Control (FPC) associated with a particular space, you must contact FPC-Leasing to have it removed. ORM cannot close out FPC leases.

**3. Building Definitions**

**a. Building ID No.**

The building code is the building number assigned by our property system. The number is made up of the site code followed by a \ and then a system-assigned sequential number. The building code replaces the S or L number used in our previous property system (SLABS).

**b. State Owned**

The state owned field specifies whether the building is state owned or not. "Yes" means state owned; "No" means not state owned.

**c. Legacy Building ID**

The legacy building ID is the old S or L building code assigned by our old property system (SLABS). This number has been replaced by the building code. However, we will continue to issue legacy building ID's for new buildings added in LaGov ERP so building information for state-owned buildings can be imported into the FM System maintained by Facility Planning and Control.

**d. Replacement Cost**

The replacement cost is calculated by a Loss Prevention Officer upon building appraisal. If there is a value other than zero for replacement cost, your agency is responsible for insuring the building. If this field is zero or blank, the building is either not insured by the state or it is insured by another state agency. DO NOT make changes to this value. If you have questions or concerns about this value, please contact ORM Underwriting.

**e. Object**

Objects are given a State ID by ORM. They are not appraised by ORM. Objects are paid at Actual Cost Value.

## B. Contents

Verify your contents values are correct for each building you own or occupy. If you need to change a value, use a red pen to cross out the incorrect value and write the new value next to it.

### 1. Total/Ground Square Feet

**Total Square Feet** is the total square footage utilized by your agency in the building. **Ground Floor Square Feet** is the total square footage located on and/or below the ground (street) level utilized by your agency in the building.

The square footage reflected on this report was obtained in one of the following methods:

- a. Utilization of the lease records maintained by Facility Planning and Control
- b. Determined by the Loss Prevention Officer during the building appraisal process
- c. Obtained by ORM directly from your agency

**DO NOT** make changes to these values if there is a lease through Facility Planning and Control or if it was determined during the appraisal process.

### 2. General Contents-Property

**General Contents-Property** is the estimated value of all contents/movable property not included/identified in other categories, calculated based on the building occupancy code and the total square footage occupied.

Please review and update this value if necessary.

**Non-Calculated General Contents** field is for a general contents value when an agency does not occupy any square feet in a building.

### 3. Other Contents

Include the total of all contents in each category, both state owned and non-state owned for which the State of Louisiana has contractually assumed legal liability and which is in the care, custody, and control of the State.

#### a. Computer Equipment

The total value of servers, mainframes, personal computers, laptops, printers, scanners, other attached hardware, and software programs. Total value should be based on acquisition cost.

#### b. Fine Arts

The total value of museum exhibits, antiques, and objects of art of every nature and description. Also include total value of aircraft and watercraft (regardless of length) which have been decommissioned and/or automobiles which are on display as a tourist attraction for public viewing. Watercraft must be stationary and not floating in water. Aircraft must be stationary and inoperable as regards flight. Automobiles must be inoperable as regards driving and unqualified for licensing by the motor vehicle law of Louisiana. Total value should be based on appreciated value of items. ORM strongly recommends that fine arts be appraised by a qualified appraiser at least every 3 years to maintain an accurate appreciated value.

#### c. Medical Equipment

The total value of all movable, standalone medical equipment not affixed to a building. Total value should be based on acquisition cost.

#### d. Livestock

The total value of all livestock, thoroughbreds, barnyard fowl, canines, and other animals. Total value should be based on acquisition cost or market value.

**e. Mobile Structures**

The total value of all building structures not permanently attached to an immovable foundation and which can be moved from place to place without disassembly. Also includes the value of any contents located in the mobile structure. Examples of movable building structures are mobile offices (trailers), mobile homes, and buildings on skids or wheels, even if the wheels have been removed. Total value should be based on acquisition cost of the structures and contents.

**f. Boats**

The total value of all boats which are twenty-six feet (26') in length or under including total value of all inboard/outboard motors used on these boats. Also include the total value of any and all row boats (non-motorized) regardless of length. Total value should be based on acquisition cost. It does not include the value of boats which fall under the aforementioned "Fine Arts" category and those that are over twenty-six feet (26').

**g. Mobile Equipment**

The total value of all vehicles not required to be licensed by the Motor Vehicle Law of Louisiana. Some examples of mobile equipment are tractors, backhoes, cranes, golf carts, ATVs, forklifts, etc. Mobile equipment includes large moveable items that do not have wheels, for example large welding machines, training simulators, etc. Include the value of attached machinery and apparatus. Total value should be based on acquisition cost or current market value.

**h. Fences**

The total value of all fences associated with a building. Perimeter fences, parking lot fences, etc. should be reported at the nearest building or the main building on the site. Total value should be based on acquisition cost or current market value.

**i. Signs**

The total value of all signs associated with a building. Do not include street signs or traffic signs as they are not insured. Total value should be based on acquisition cost or current market value.

**j. Other Outdoor Property**

The total value of all other outdoor property not included in a category above. Include lights, flagpoles, pedestrian bridges, picnic tables (not under a shelter), benches, goal posts, etc. Total value should be based on acquisition cost or current market value.

**k. Business Income**

Business Income is the total amount of charges, tuition, fees, and receipts derived from sources and activities "NOT PUBLIC FUNDS" for service, sales, and events that would be lost in the event an agency would not be able to provide those services, sales, and events, less the direct cost of those operations. Total amount should be an annual figure based on the twelve months preceding the last day of the period for which you are reporting. The direct cost of operations does not include payroll. Examples of income are hospital charges, rental receipts, tuition, revenue and receipts from educational seminars or workshops, entertainment and athletic events.

**l. LPFA/3<sup>rd</sup> Party Financing**

The LPFA/3<sup>rd</sup> Party Financing field is the total value of all state owned equipment being purchased in accordance with guidelines set forth by the Louisiana Public Facilities Authority or the Third Party Financing Master Installment Purchase Agreement. Total value should be based on whichever is the greater of the replacement value of the equipment or the remaining lease payments.

**II. Completion of Cover Letter**

Indicate the ORM Location Code and name of your agency on the bottom of the letter attached to your report. Also, specify the name of the person that verified the data, their phone number and e-mail address.

**III. Where to Send Updated Report**

Mail the updated report with the cover letter and any new information to the Office of Risk Management, Post Office Box 91106, Baton Rouge, Louisiana 70821-9106.

Please **DO NOT** fax the report. If a report is received that cannot be read, this info cannot be processed.

# STATE OF LOUISIANA

## RC04 Property Exposure Report (ORM Location)

Report Date: X/X/XX

ORM Location Code: Number and Name

Building Code	Building Name	State Owned	Building/ Object	Replacement Cost	Tot SQFT	Genl Cont Prop Non-Calc Gen Contents	Comp Equip	Fine Arts	Medical Equip	Livestock	Mobile Struct	LPFA/3rd Party Fin	Business Income
	Building Address	Leg. Bldg. ID		Covered Walkways	Gmd SQFT		Boats	Mobile Equip	Fences	Signs	Other Outdoor Prop		
123456/1	BUILDING A	Yes	Building	1,000,000	50,000	800,000	75,000	210,000	0	0	0	0	0
	123 MAIN STREET BATON ROUGE, LA 70802	S99998		Yes	50,000		0	0	2,200	6,400	0		
123456/2	PERIMETER FENCE	Yes	Object	55,000									
	123 N. 3RD STREET BATON ROUGE, LA 70802	S99999		No									
123456/3	BUILDING B	Yes	Building	26,875	3,000	14,225	0	0	0	4,255	0	0	0
	1051 NORTH THIRD STREET BATON ROUGE, LA 70802	S99997			3,000		10,000	64,512	8,400	9,500	6,800		
	<b>Sum:</b>			1,081,875	53,000	814,225	75,000	210,000	0	4,255	0	0	0
					53,000	0	10,000	64,512	10,600	15,900	6,800		

ORM Location Code Totals	
Contents	1,211,292
Total Insurable Value	2,293,167

**Contents Reporting Form  
Office of Risk Management**

<b>NOTE</b>	USE THIS FORM TO ADD MOVABLE PROPERTY (CONTENTS) VALUES FOR BUILDINGS NOT ALREADY INDICATED ON THE PROPERTY EXPOSURE REPORT, INCLUDING THE CONTENTS OF NEW LEASED BUILDINGS. DO NOT USE TO INSURE ACTUAL BUILDING STRUCTURE.							
<b>AGENCY NAME</b>				<b>AGENCY ISIS CODE</b>			<b>ORM LOCATION CODE</b>	
<b>CONTACT NAME</b>				<b>PHONE NUMBER</b>			<b>DATE</b>	
<b>EMAIL ADDRESS</b>								
<b>BUILDING INFORMATION</b> (ALL FIELDS REQUIRED)								
<b>BUILDING ID NUMBER</b> (NEW FORMAT: SITE CODE/ BLDG #)				<b>LEGACY BUILDING ID NUMBER</b> (SLABS #)				
<b>BUILDING NAME</b> (IF APPLICABLE)				<b>OWNER OF BUILDING</b> (IF STATE OWNED, INDICATE WHICH STATE AGENCY)				
<b>PHYSICAL STREET ADDRESS</b> (NOT P. O. BOX)				<b>CITY, STATE, ZIPCODE</b>				
<b>TOTAL SQUARE FOOTAGE OCCUPIED</b>				<b>GROUND FLOOR SQUARE FOOTAGE OCCUPIED</b>				
<b>IF THIS IS A LEASED SPACE, IS IT PROCESSED THROUGH FACILITY PLANNING AND CONTROL?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LA GOV FUND</b>		<b>LA GOV FUND CENTER</b>		<b>LA GOV BUSINESS AREA</b>		
<b>CONTENTS VALUES</b> (INCLUDE THE TOTAL OF STATE OWNED AND NON-STATE OWNED; ROUND TO WHOLE NUMBERS)								
<b>GENERAL CONTENTS/NON-CALCULATED GENERAL CONTENTS</b>								
<b>COMPUTER EQUIPMENT</b>				<b>MOBILE EQUIPMENT</b>				
<b>FINE ARTS</b>				<b>FENCES</b>				
<b>MEDICAL EQUIPMENT</b>				<b>SIGNS</b>				
<b>LIVESTOCK</b>				<b>OTHER OUTDOOR PROPERTY</b>				
<b>MOBILE STRUCTURES</b>				<b>LPFA/3<sup>RD</sup> PARTY FINANCING</b>				
<b>BOATS</b>				<b>BUSINESS INCOME</b>				
<b>RETURN COMPLETED FORM TO</b>	THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106							

UND-1

Revised 3/2016

FOR ORM USE ONLY	
<b>PS NUMBER</b>	
<b>RS NUMBER</b>	

**New Building Form  
Office of Risk Management**

<b>NOTE</b>	<b>INSURANCE ON THE BUILDING STRUCTURE WILL NOT BE IN PLACE UNTIL THIS FORM IS RECEIVED BY ORM. ONLY USE THIS FORM IF THE PHYSICAL STRUCTURE OF THE BUILDING IS TO BE COVERED BY INSURANCE. BUILDINGS NEEDING COVERAGE FOR MOVABLE PROPERTY (CONTENTS) ONLY ARE TO BE REPORTED ON THE UND-1 FORM. PLEASE CONTACT ORM AT (225) 342-8469 IF YOU HAVE ANY QUESTIONS.</b>				
<b>AGENCY REQUESTING CHANGE</b>		<b>AGENCY ISIS CODE</b>		<b>ORM LOCATION CODE</b>	
<b>AUTHORIZED BY</b>		<b>DATE</b>		<b>LA GOV FUND</b>	
<b>CONTACT NAME</b>		<b>PHONE NUMBER</b>		<b>LA GOV FUND CENTER</b>	
<b>EMAIL ADDRESS</b>				<b>LA GOV BUSINESS AREA</b>	
<b>WAS THIS CONSTRUCTION FINANCED BY REVENUE BONDS AND/OR A PART OF A COOPERATIVE ENDEAVOR AGREEMENT?</b>				<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SITE CODE (BUSINESS ENTITY)</b>
<b>REASON (PLEASE CHECK ONE)</b>	<input type="checkbox"/> NEW BUILDING PURCHASED/DONATED <input type="checkbox"/> NEW BUILDING CONSTRUCTED <input type="checkbox"/> AGENCY TO AGENCY TRANSFER <input type="checkbox"/> NEW BUILDING UNDER CONSTRUCTION –PARTIALLY OCCUPIED <input type="checkbox"/> OTHER _____		<input type="checkbox"/> OBJECT – VALUE OF OBJECT _____		
<b>BUILDING DATA</b>					
<b>STATE AGENCY NAME</b>					
<b>ORM LOCATION CODE</b>					
<b>BUILDING NAME</b>					
<b>STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)</b>					
<b>CITY, STATE, ZIPCODE</b>					
<b>DETAILS (INCLUDE DATE OF TRANSACTION, ETC.)</b>					
<b>NOTE</b>	<b>WHEN ADDING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (BILL OF SALE, TITLE TRANSFER, ACT OF DONATION, DEED, ETC.)</b>				
<b>RETURN COMPLETED FORM TO</b>	<b>THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106</b>				

UND-4.1

Revised 8/2015

<b>FOR ORM USE ONLY</b>	
<b>DATE SHELL CREATED</b>	<input type="checkbox"/> BLDG RELEASED
<b>LEGACY BLDG ID</b>	<input type="checkbox"/> FUNCTIONAL LOCATION CREATED
<b>PS NUMBER</b>	<input type="checkbox"/> FUNCTIONAL LOCATION ASSIGNED
<b>RS NUMBER</b>	<b>BUILDING NO.:</b>

**UND-4.2 –Building Deletion Form**

**Building Deletion Form  
Office of Risk Management**

<b>NOTE</b>	<b>DO NOT USE THIS FORM TO REPORT BUILDINGS UNLESS THE BUILDING IS COMPLETELY GONE.</b>				
<b>AGENCY REQUESTING CHANGE</b>				<b>ORM LOCATION CODE</b>	
<b>AUTHORIZED BY</b>			<b>DATE</b>		<b>BUILDING CODE (SITE CODE/BUILDING NO.)</b>
<b>CONTACT NAME</b>			<b>PHONE NUMBER</b>		<b>LEGACY BUILDING ID (SLABS)</b>
<b>EMAIL ADDRESS</b>					
<b>REASON FOR DELETION (PLEASE CHECK ONE)</b>	<input type="checkbox"/> BUILDING SOLD/DONATED <input type="checkbox"/> BUILDING DEMOLISHED/TORN DOWN <input type="checkbox"/> BUILDING MOVED <input type="checkbox"/> OTHER _____				
<b>BUILDING DATA</b>					
<b>STATE AGENCY NAME</b>					
<b>ORM LOCATION CODE</b>					
<b>BUILDING NAME</b>					
<b>STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)</b>					
<b>CITY, STATE, ZIPCODE</b>					
<b>DETAILS (INCLUDE DATE OF SALE, DEMOLITION, ETC.)</b>					
<b>NOTE</b>	<b>WHEN DELETING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (BILL OF SALE, DEMOLITION PAPERWORK, ETC.)</b>				
<b>RETURN COMPLETED FORM TO</b>	<b>THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106</b>				

<b>FOR ORM USE ONLY</b>	
<b>DATE RECEIVED</b>	
<b>DATE GIVEN TO TPA</b>	
<b>DATE INACTIVATED</b>	

UND-4.2

revised 8/2015

**UND-4.3 –Building Modification Form**

**Building Modification Form  
Office of Risk Management**

<b>NOTE</b>	<b>MODIFICATIONS REQUESTS SHALL ONLY BE MADE BY THE OWNING AGENCY OF A BUILDING.</b>				
<b>AGENCY REQUESTING CHANGE</b>				<b>ORM LOCATION CODE</b>	
<b>AUTHORIZED BY</b>			<b>DATE</b>		<b>BUILDING CODE (SITE CODE/BUILDING NO.)</b>
<b>CONTACT NAME</b>			<b>PHONE NUMBER</b>		<b>LEGACY BUILDING NUMBER (SLABS)</b>
<b>EMAIL ADDRESS</b>					
<b>TYPE OF CHANGE (PLEASE CHECK ONE)</b>	<input type="checkbox"/> BUILDING NAME CHANGE <input type="checkbox"/> BUILDING ADDRESS CHANGE <input type="checkbox"/> ORM LOCATION CODE CHANGE		<input type="checkbox"/> BUILDING RENOVATION/ADDITION <input type="checkbox"/> BUILDING USE CHANGE/VACANCY <input type="checkbox"/> OTHER _____		
	<b>EXISTING DATA</b>			<b>NEW DATA</b>	
<b>STATE AGENCY NAME</b>					
<b>ORM LOCATION CODE</b>					
<b>BUILDING NAME</b>					
<b>STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)</b>					
<b>CITY, STATE, ZIPCODE</b>					
<b>DETAILS (INCLUDE DATE OF TRANSACTION, TYPE OF RENOVATION, CHANGE IN USE, ETC.)</b>					
<b>RETURN COMPLETED FORM TO</b>	<b>THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106</b>				

<b>FOR ORM USE ONLY</b>	
<b>DATE RECEIVED</b>	
<b>DATE GIVEN TO TPA</b>	
<b>DATE COMPLETED</b>	
<b>FOR ORM USE ONLY – INTERAGENCY TRANSFER</b>	
<b>EMAILED ISG</b>	
<b>CHANGED LOCATION &amp; CONTACT NAME</b>	

UND-4.3

revised 8/2015

## WET MARINE EXPOSURES

### Overview

At the end of each quarter, a report reflecting current wet marine information on file with the Office of Risk Management will be forwarded to the various State Departments, Agencies, Boards, and Commissions for their review and update.

**All additions, deletions or changes for the wet marine coverage should be reported to the Office of Risk Management immediately.** This report serves to ensure that our office has a complete record of all changes.

### Sample Report

AGENCY NAME	VESSEL DESCRIPTION	EQUIPMENT NUMBER	WHERE IS IT OPERATED	HOW IS IT USED	NUMBER OF CREW	NET TONS	GROSS TONS	HULL VALUE
DEQ/WATER RESOURCES – 2430 EXPOSURE LEVEL – 2430 BILLING LEVEL – 2430								
LARGE BOATS (26' & OVER)	WATER DOCTOR	320-02-2100	NEW ORLEANS	RESOURCE VESSEL	2	28.3	19	\$480,000
	WATER WITCH	320-02-2101	BATON ROUGE	RESOURCE VESSEL	2	28.3	19	\$480,000

### Verification/Update Instructions

1. Indicate on the report the name, phone number and e-mail address of the person verifying the data.
2. Review the list of vessels in your district/agency. The schedule should include ferries, pontoons, barges, tug boats, large boats over 26 feet in length, and fixed landings. Do not include non-motorized row boats regardless of length.
3. Check each vessel description, equipment number, where it is operated, how it is used, number of crew, net ton, gross ton, and hull value.
4. If any of this information is missing, please provide this office with that information (missing information will be indicated on the report with " - " symbol).
5. If any information reflected on the report is incorrect, please line through the incorrect information and write in the correct information using **RED INK**.
6. Should you need to delete an item indicated on the report, draw a line through that item in **RED INK** and advise when and why it is to be deleted. Examples: vessel was transferred to agency X, vessel was sold, or vessel was destroyed, and **ALWAYS** include the date when the action was taken. Include documentation that supports the reason for deletion.
7. If a vessel needs to be added, please do so at the bottom of the schedule or on a separate sheet. Be sure to include all vessel information, the date the vessel is to be added, and any supporting documentation
8. If your agency has never had wet marine coverage, please contact the Underwriting representative responsible for marine exposures (See the "Exposure Contacts" section of this manual).

## AVIATION EXPOSURES

### Overview

At the end of each quarter, a report reflecting current aircraft information on file with the Office of Risk Management will be forwarded to the various State Departments, Agencies, Boards, and Commissions for their review and update.

**All additions, deletions or changes for the aviation coverage should be reported to the Office of Risk Management immediately.** This report serves to ensure that our office has a complete record of all changes.

### Sample Report

Agency Number	Agency Name	Aircraft I.D. No.	Aircraft Description	Aircraft Value	Seating Capacity	Aircraft Usage	Fixed Wing or Rotor Wing	Piston or Turbine	Quarterly Flight Hours
2815 (2810 Billing Level)	DWLF	N9467Y	1981 CESSNA 210	\$205,000	6	SURVEYS/ENFORCEMENT	Fixed Wing	Piston	_____
		N61092	1980 CESSNA 185	\$195,000	4	SURVEYS/ENFORCEMENT	Fixed Wing	Piston	
		N70365	1980 CESSNA 185	\$195,000	4	SURVEYS/ENFORCEMENT	Fixed Wing	Piston	
							Fixed Wing		

### Verification/Update Instructions

1. Indicate on the report the name, phone number and e-mail address of the person verifying the data.
2. Review the list of aircraft owned or leased by your agency. Check the aircraft value, registration number, make and model, seating capacity, usage for each plane, whether it's fixed or rotor wing, and whether it's turbine or piston engine.
3. Enter the number of flight hours for each aircraft for this quarter in the column titled "Quarterly Flight Hours." Quarterly Flight Hours are the number of hours that the engine is run whether the aircraft is in flight or the aircraft is stationary. \*\*\*Please note these hours are not cumulative but quarterly. \*\*\*
4. If any information reflected on the report is incorrect, please line through the incorrect information and write in the correct information using **RED INK**.
5. Should you need to delete an item indicated on the report, draw a line through that item in **RED INK** and advise when and why it is to be deleted. Examples: plane was transferred to agency X, plane was sold, or plane was destroyed, and **ALWAYS** include the date when the action was taken. Include documentation that supports the reason for deletion.
6. If an aircraft needs to be added, please do so at the bottom of the schedule or on a separate sheet. Be sure to include all aircraft information, the date the aircraft is to be added, and any supporting documentation.
7. If your agency has never had aviation coverage, please contact the Underwriting representative responsible for aviation exposures (See the "Exposure Contacts" section of this manual).

## **EXPOSURE CONTACTS**

For further information regarding exposure reporting, contact the Office of Risk Management in writing at Post Office Box 91106, Baton Rouge, Louisiana 70821-9106 or telephone the appropriate unit.

<b>Type Exposure</b>	<b>Unit</b>	<b>Phone Number</b>
General Exposures	Auditing & Statistics	(225) 342-3420
Property Exposures	Underwriting	(225) 342-8469
Aviation Exposures	Underwriting	(225) 342-8472
Marine Exposures	Underwriting	(225) 219-0064